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28524	7590 07/21	8/2008	papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/023,501			Guido Henning	LE A 35 012 4394			
TITLE OF INVENTION: METHOD FOR INCREASING CLINICAL SPECIFICITY WHEN DETECTING TUMORS AND THEIR PRECURSOR STAGES BY SIMULTANEOUSLY MEASURING AT LEAST TWO DIFFERENT MOLECULAR MARKERS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/28/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
WALLENHORST, MAUREEN 1797		1797	436-064000	_			
Change of correspondent CFR 1.363).  Change of correspont Address form PTO/SB/i	dence address (or Cha	•	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively				
Torsib 122) attended.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Siemen Healthcare Diagnostics In Tarrytown, NY							
Please check the appropriate assignee category or categories (will not be printed on the patient): 🔲 Individual 🗷 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are	submitted:	41	D. Payment of Fec(s): (Please first reapply any previously paid Issue fee shown above)  A check is enclosed.				
	small entity discount p	ermitted)	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # o	T Copies _5		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22 22 (enclose an extra copy of this form).				
5. Change in Entity Status							
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
interest as shown by the rec	ords of the United Stat	N Patent and Trademark	Office.				
Authorized Signature	Kall M. U	egra		Date	f. 13, 2008	,	
Typed or printed name _	Karla H.	Wey and		Registration N		)	
This collection of information is required by 3 TCFR. 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially its governed by 35 USC. 122 and 37 CFR. 14.1 this collection is estimated to state 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commence to complete, including gathering, preparing, and with storm and/or suggestions for reducing this burden, should be sent to the Chefri Information Officer. U.S. Petate and Timedrank Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-1450.							

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